

[Town of Ashburnham](#)
Marijuana Review Team Application

Form

The MRT Application will not be considered complete unless all of the items requested are enclosed. The MRT will not grant any waivers from submittal requirements, and the MRT Application shall neither be reviewed by, nor a meeting be scheduled with the MRT, unless the MRT Application is complete. Failure to provide such required documentation will be noted in the MRT Application file. Applicants are advised that documentation provided to the MRT may be subject to disclosure pursuant to M.G.L. c. 66, § 10, (the “Public Records Law”). Please select which type of marijuana establishment for which you are seeking an HCA:

Type of Establishment (drop down menu?)

Marijuana Cultivator (MC)

Marijuana Product Manufacturer (MPM)

Marijuana Retailer (MR)

Marijuana Treatment Center (MTC)

Marijuana Transporter

Independent Testing Lab

Craft Marijuana Cultivator Cooperative

Other: _____

Policy

The applicant has read the Policy on Host Community Agreement for Marijuana Establishments and Registered Marijuana Dispensaries and has no questions

The applicant has read the Policy on Host Community Agreement for Marijuana Establishments and Registered Marijuana Dispensaries and has questions (please attach questions)

The applicant has not read the Policy on Host Community Agreement for Marijuana Establishments and Registered Marijuana Dispensaries and has questions (please attach questions)

Policy (found on town’s website)

Business Information

- Applicant's Legal Business Name
- Business Mailing Address
- Federal Taxpayer ID

- Business Phone Number
- Business Website (if any)
- State of Incorporation or Creation of Business Entity
- Date of Incorporation or Creation of Business Entity
- List of all Trade Names used by the Business Entity (other than above)

Attach true copies of all organic documents, e.g., Articles of Incorporation for a corporation or Certificate of Organization for a limited liability company; bylaws, and any amendments thereto; annual reports, SEC filings (if any), and all minutes from entity meetings for the past 12 months.

- Copies of Organic Documents
- Business Physical Address
- Street Address of the Organization (headquarters)
- Phone Number
- Business City
- Business State
- Business Zip

Business Mailing Address (if different from Physical Address)

- Business City
- Business State
- Business Zip

Primary Business Contact Person

- Name
- Title
- Phone Number
- Mailing Address

- Email Address
- City
- State
- Zip
- Country

Proposed Location in Ashburnham

- Location Street Address
- Name of Landowner
- Owner Phone Number
- Owner Email Address
- Owner Mailing Address
- Permission of Landowner
- (e-signature or attach document)
- Local Contact Name
- Title
- Phone Number
- Email Address
- Mailing Address
- City
- State
- Zip
- Country

Attorney/Legal Representative (if any)

- Name
- Title
- Phone Number
- Mailing Address
- Email Address
- City
- State

Etc., Same as above

Other Point of Contact (if any)

Ownership Structure

Has the applicant, its parent entity, or any other intermediary entity ever applied for licensure as an MTC Massachusetts Department of Public Health, marijuana establishment from the Commonwealth of the Commonwealth of Massachusetts Cannabis Control Commission (CCC), or applied for licensure to any similar licensing authority in any other jurisdiction, foreign or domestic, whether or not the license was ever issued?

Has the applicant, or its parent entity, or any other intermediary entity and/or any business entity owned by the applicant ever held a license to operate an MTC or marijuana establishment in any jurisdiction, foreign or domestic, that was subject to any of the following actions:

1. denial;
2. surrender;
3. assurance of voluntary compliance;
4. order to show cause;
5. suspension;
6. fine;
7. revocation;
8. stipulation or settlement;
9. withdrawn;
10. other penalties or sanctions.

Financial History

Is the applicant, or its parent entity, or any other intermediary entity delinquent in the payment of any judgments, taxes, interest or penalties due to the Commonwealth, the Department of Revenue, or filed for bankruptcy, relating to a Marijuana Establishment or MTC?

Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, its parent entity, or any other intermediary entity? If yes, please provide case name, docket number and a brief explanation.

Has the applicant, or its parent entity, or any other intermediary entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If yes, please provide case name, docket information and a brief explanation.

Has the applicant, its parent entity, or any other intermediary entity filed for bankruptcy protection in the past seven (7) years? If yes, please provide jurisdiction, docket number and brief explanation.

Has the applicant, its parent entity, or any other intermediary entity filed a business tax return in the past two years?

Has the applicant, its parent entity, or any other intermediary entity completed financial statements, either audited or unaudited, in the past two years?

Has any interest or share in the applicant, its parent entity, or any other intermediary entity or the profits of the sale of marijuana been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract?

Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.

Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.

Financial statement financial records or letter of financing demonstrating capitalization or investment to ensure the establishment's solvency and successful operation.

- Person who maintains Applicant's business records
- Person who prepares Applicant's tax returns, government forms & reports

Business Team and Partnerships

- Please provide a resume or curriculum vita with a brief biography of each of the following:
 - ☐ Directors, Members, Partners or Trustees, as applicable
 - ☐ Investors
 - ☐ Director of Security
 - ☐ Chief Financial Officer
 - ☐ Director of Operations
 - ☐ Chief Executive Officer
 - ☐ Other individuals who are involved in the management and operation of the marijuana establishment or MTC
- Biographies

Operations Plan

Please provide an operations plan for each of the following

- ☐ Marijuana Cultivator and Marijuana Product Manufacturer who will supply Marijuana Retail Establishment or MTC delivery operations, if any
- Supplier Operation Plan
- Business and/or Strategic Plan

Please provide information about existing Marijuana Establishments and/ or MTC locations within the Commonwealth that applicant, its parent entity, or any other intermediary entity operate, including business name, business address, internet website addresses, facility manager name and contact information, number of years in operation, any police reports filed, and copies of fully executed Host Community Agreements.

- Existing Establishments within the Commonwealth

Please provide information about existing Marijuana Establishment and/or MTC locations within the United States that applicant, its parent entity, or any other intermediary entity operate, please attach as a separate document that lists the business name, business address, websites, and facility manager name and contact information, and number of years in operation.

- Existing Establishments within United States

Security

Security Plan – A statement that a Security Plan has been prepared for the applicant, or its parent entity, or any other intermediary entity from the preparer of the Security Plan (please do not attach the Security Plan)

Police Reports from the past five years for applicant, its parent entity, or any other intermediary entity.

Completed Criminal Offender Record Information (CORI) and associated fee has been submitted to the Ashburnham Police Department.

Marijuana establishments and MTCs shall provide the Town of Ashburnham with a copy of the CORI findings submitted to the CCC. A link to the Commonwealth's CORI application can be found at <https://www.mass.gov/lists/cori-forms-and-information>.

Department of Public Health and Cannabis Control Commission (CCC) Licenses/Permits

Licenses granted by the Commonwealth of Massachusetts Department of Public Health pursuant to 105 CMR 725.00 and/or by the Commonwealth of Massachusetts Cannabis Control Commission

Date of application for licensure by Department of Public Health (DPH)

Date of application for licensure by Cannabis Control Commission (CCC)

Copy of Application

Environmental Impact Study (EIS)

Please submit and EIS in conformance with the outlined/Table of Contents as Attachment A of this MRT Application Form. EIS ([found on town's website](#))

Municipal Licenses/Permits

Ashburnham Board of Health – Applicants are required to review the Board of Health's Regulations to ensure compliance.

Applicant has read the Ashburnham Board of Health Regulations to ensure compliance and has no questions

Applicant has read the Ashburnham Board of Health Regulations to ensure compliance and has questions (please attach questions)

Date of application to Ashburnham Board of Health (if applicable)

Planning Board – Ashburnham Zoning By-Law (Sections CITE with link?) and Ashburnham Zoning Map, Other?

Applicant has reviewed the Zoning Bylaws relative to Marijuana Establishments and has no questions

Applicant has reviewed the Zoning Bylaws relative to Marijuana Establishments and has questions (please attach questions)

If Applicable, please attached the application and information submitted to the Planning Board and/or the Zoning Board.

Date of Application to Planning Board/Zoning Board (as applicable)

Favorable Criteria may include, but are not limited to the following

- Demonstrated direct experience in the cannabis industry or a similar industry, e.g., existing DPH or CCC licensure
- Demonstrated Experience
- Address of existing presence in Ashburnham
- Address of existing presence in Massachusetts
- Commitment to diverse and local hiring

Community Outreach Meeting

- The Applicant shall meet with MRT prior to holding a Community Outreach Meeting. If a meeting has been scheduled please provide information about the proposed Community Outreach Meeting date and agenda, including information to be presented at such meeting pursuant to 935 CMR 500.101 (1)(a)(9).

Attachments

- Attach required documents.

If additional documents need to be sent after submitting this form, please email/mail them to (mcalandrella@ashburnham-ma.gov).

Statement of Documentation

Upon oath I make representation under the penalties and pains of perjury as follows:

1. I am duly authorized to file this MRT Application;
2. the statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief;
3. this statement is executed with the knowledge that misrepresentation of, or failure to reveal, information requested will be reported to the Cannabis Control Commission (CCC);
4. I am aware that later discovery of an omission or misrepresentation made in connection with this MRT Application and/or the negotiation of an HCA with the Town of Ashburnham may result in termination of negotiations for, or revocation of, any subsequently executed HCA;
5. The applicant is in full compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support;
6. The applicant is fully aware of the requirements of M.G.L. c. 268A, the Massachusetts Conflict of Interest Law, and has made such disclosures as may be required thereunder.

- Signature*(Electronic if possible)

Application Submission

- Please email/mail completed documents to:
Mary Calandrella
32 Main Street
Ashburnham, MA 01430
Email - (mcalandrella@ashburnham-ma.gov).